BRITISH COLUMBIA
The Best Place on Earth

CERTIFICATE OF INSURANCE

Freedom of Information and Protection of Privacy Act
The personal information requested on this form is collected under the authority of and used for the purpose of administering the *Financial Administration Act*. Questions about the collection and use of this information can be directed to the Director, Client Services, Core Government and Crowns at 250 356-8915, PO Box 9405 Stn Prov Govt, Victoria BC V8W 9V1.
Please refer *all other questions* to the contact named in Part 1.

Part 1 – To be completed by the Province

THIS CERTIFICATE IS REQUESTED BY AND ISSUED TO *(Name of office)*	AGREEMENT IDENTIFICATION NO.

PROVINCE'S CONTACT PERSON

NAME	TITLE	PHONE NO.	FAX NO.
		( )	( )

MAILING ADDRESS	POSTAL CODE

CONTRACTOR NAME

CONTRACTOR ADDRESS	POSTAL CODE

Part 2 – To be completed by Insurance Agent or Broker

INSURED	NAME	
	ADDRESS	POSTAL CODE
OPERATIONS INSURED	PROVIDE DETAILS	

TYPE OF INSURANCE (List each separately)	COMPANY NAME, POLICY NO. AND BRIEF DESCRIPTION	EXPIRY DATE YYYY / MM / DD	LIMIT OF LIABILITY/AMOUNT

This certificate certifies that policies of insurance described herein are in full force and effective as of the date of this certificate and comply with the insurance requirements of the Agreement identified above, except as follows:

AGENT OR BROKER COMMENTS

AGENT OR BROKER	ADDRESS – *Include postal code*	PHONE NO.
		( )

SIGNED BY THE AGENT OR BROKER ON BEHALF OF THE ABOVE INSURER(S)	DATE SIGNED YYYY MM DD
X	

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